

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Nevada State Medical Association
 Name (print) Office (if applicable) District (if applicable)
 3660 Baker Lane #101 Reno, NV 89509 (775) 825-6788
 Mailing Address (include city and zip code) Telephone No.
 jrechenmachur@nsmadocs.org
 E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☒ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 - December 31, 2003

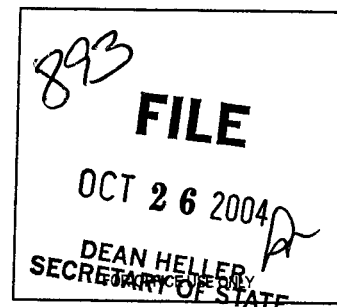
☐ **Report #1 - Due August 31, 2004**
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☒ **Report #2 Due - October 26, 2004**
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005***
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	-0-	37,300.18
2. Total Monetary Contributions Received of \$100 or Less	-0-	-0-

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	-0-	37,300.18
4. Total Value of In Kind Contributions Received in Excess of \$100	-0-	

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	2,515.26	43,815.44
6. Total Monetary Expenses Paid of \$100 or Less	-0-	-0-
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)		43,815.44
8. Total Value of In Kind Expenses in Excess of \$100		

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Laurence P. Mathes

Date 10/25/04

CAMPAIGN EXPENSESReport Period **# 2**Nevada State Medical Association

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period # 2

Nevada State Medical Association

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Flags and Marketing Unlim. 6120 W. Tropicana A16-362 Las Vegas, NV 89103	D	10-18-2004	\$2,515.26